



PTO/SB/82 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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| | |
|------------------------|---------------------------|
| Application Number | 10/702, 25 176 |
| Filing Date | November 5, 2003 |
| First Named Inventor | James D. Lykowski |
| Art Unit | 2879 |
| Examiner Name | Kevin J. Quarterman |
| Attorney Docket Number | 71024-772 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners at Customer Number: 27305☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number 27305**OR**☐ Firm or Individual Name

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Country

State

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I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71*Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name

Lance M. Lis

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ * Total of forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: **James D. Lykowski**Application No./Patent No: **10/702,176**Filed/Issue Date: **November 5, 2003**Entitled: **Spark Plug Center Electrode Assembly****Federal-Mogul World Wide, Inc.****A Corporation**

(Name of Assignee)

(Type of Assignee, e.g. corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

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10/1/05

Date

Lance M. Lis

Typed or Printed Name

Telephone Number

Signature

Lance M. Lis

Secretary

Title

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JUNE 08, 2004

PTAS

REISING ETHINGTON BARNES, ET AL.
JAMES D. STEVENS
P.O. BOX 4390
TROY, MI 48099-4390



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RECORDATION DATE: 11/19/2003

REEL/FRAME: 014707/0884
NUMBER OF PAGES: 3

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

LYKOWSKI, JAMES D.

DOC DATE: 10/15/2003

ASSIGNOR:

DOWNS, DARREN C.

DOC DATE: 10/17/2003

ASSIGNEE:

FEDERAL-MOGUL WORLD WIDE, INC.
26555 NORTHWESTERN HIGHWAY
SOUTHFIELD, MICHIGAN 48034

SERIAL NUMBER: 10702176

FILING DATE: 11/05/2003

PATENT NUMBER:

ISSUE DATE:

TITLE: SPARK PLUG CENTER ELECTRODE ASSEMBLY

JUN 14 2004

014707/0884 PAGE 2

SHARON BROOKS, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

Form PTO-1595

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

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1. Name of conveying party(ies):

James D. Lykowski; Darren C. Downs

2. Name and address of receiving party(ies)

Name: Federal-Mogul World Wide, Inc.

Internal Address:

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:



Assignment



Merger



Security Agreement



Change of Name



Other

Street Address: 26555 Northwestern Highway

City: Southfield State: MI Zip: 48034

Execution Date: 10/15/03; 10/17/03 respectively

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s) 10/702,176

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: James D. Stevens

Internal Address: Reising, Ethington, Barnes,

Kisselle, P.C.

Street Address: P.O. Box 4390

City: Troy State: MI Zip: 48099-4390

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00



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9. Signature.

James D. Stevens

Name of Person Signing

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November 17, 2003

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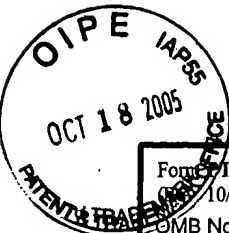
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2. Name and address of receiving party(ies):
Name: Federal-Mogul World Wide, Inc.

Internal Address: _____

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Street Address: 26555 Northwestern Highway

City: Southfield State: MI Zip: 48034

Execution Date: 10/15/03; 10/17/03 respectively

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B. Patent No.(s) _____

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Kisselle, P.C.

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City: Troy State: MI Zip: 48099-4390

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7. Total fee (37 CFR 3.41).....\$ 40.00

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